

EXHIBIT 5a

PART 6

RUN DATE: 10/25/05 - 1154

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0418:C00150S		COLL: 04/18/05-1338	STATUS: COMP	REQ #: 00017235
		RECD: 04/18/05-1339	SUBM DR: Graham, Nathaniel MD	
Test	Result	Flag	Reference	Site
CHEM 12				
GLUCOSE	153	H	70-120 mg/dL	
BUN	13.0		8-20 mg/dL	
CREATININE	1.1		0.7-1.5 mg/dL	
BUN/CREAT RATIO	11.0			
SODIUM	134	L	135-147 mEq/L	
POTASSIUM	4.1		3.5-5.5 mEq/L	
CHLORIDE	99		98-108 mEq/L	
CARBON DIOXIDE	25.0		24-30 mEq/L	
ANION GAP	14.1			
CALCIUM	8.7		8.4-10.7 mg/dL	
TOTAL PROTEIN	7.7		6-8 gm/dL	
ALBUMIN	4.0		3-5 gm/dL	
BILI, TOTAL	1.5	H	0-1 mg/dL	
AST	44	H	10-42 U/L	
ALT	85	H	10-60 U/L	
ALK PHOSPHATASE	70		17-120 U/L	

** END OF REPORT **

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900
SPEC #: 0419:H00022R	COLL: 04/19/05-0630	STATUS: COMP REQ #: 00017484
	RECD: 04/19/05-0640	SUBM DR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CBC		
WBC	5.7	
RBC	3.99	L 4.70-6.10 M/uL
HH		
HGB	12.7	# L 14.0-18.0 gm/L
HCT	37.8	L 42.0-52.0 %
MCV	94.9	H 80.0-94.0 fL
MCH	31.9	H 27-31 pg
MCHC	33.6	33-37 g/dL
RDW	15.2	H 11.5-14.5 %
PLATELET COUNT	99	L 130-400 K/mm3
MPV	9.3	7.3-9.3 fl
ADIFF		
NEUTROPHILS	81.0	H 40-74 %
LYMPHOCYTES	8.1	L 19-48 %
MONOCYTE	8.5	3-9 %
EOSINOPHIL	0.1	0-7 %
BASOPHIL	0.4	0-2 %
LUC	1.9	0-4 %
MANUAL DIFF		
NEUTROPHILS	80.0	H 40-74 %
BAND	2.0	L 3-5 %
LYMPHOCYTES	9.0	L 19-48 %
MONOCYTE	9.0	3-9 %

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 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814) 362-8900		
SPEC #: 0419:H00183T		COLL: 04/19/05-2010 STATUS: COMP		
		RECD: 04/19/05-2010 SUBM DR: Graham, Nathaniel MD		
Test	Result	Flag	Reference	Site
CBC				
WBC	5.7		4.8-10.8 K/mm3	
RBC	4.15	L	4.70-6.10 M/uL	
HH				
HGB	13.1	L	14.0-18.0 gm/L	
HCT	39.3	L	42.0-52.0 %	
MCV	94.6	H	80.0-94.0 fL	
MCH	31.5	H	27-31 pg	
MCHC	33.3		33-37 g/dL	
RDW	15.1	H	11.5-14.5 %	
PLATELET COUNT	96	L	130-400 K/mm3	
MPV	9.3		7.3-9.3 fL	
ADIFF				
NEUTROPHILS	83.7	H	40-74 %	
LYMPHOCYTES	10.9	L	19-48 %	
MONOCYTE	3.8		3-9 %	
EOSINOPHIL	0.0		0-7 %	
BASOPHIL	0.1		0-2 %	
LUC	1.5		0-4 %	
MANUAL DIFF				
NEUTROPHILS	82.0	H	40-74 %	
LYMPHOCYTES	14.0	L	19-48 %	
MONOCYTE	4.0		3-9 %	

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 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0419:CG00061T		COLL: 04/19/05-2010	STATUS: COMP	REQ #: 00017950
		RECD: 04/19/05-2010	SUBM DR: Graham, Nathaniel MD	
COMMENTS: Is the patient on anticoagulant(s)? NO Which anticoagulant(s)? NONE				
QUERIES: Is patient on anticoagulants? N				
Test	Result	Flag	Reference	Site
PT	14.0	H	10-13 SECONDS	
INR	1.30			
PTT	33.3		0-40 SECONDS	

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Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814) 362-8900
SPEC #: 0420:H00037R	COLL: 04/20/05-0615	STATUS: COMP
	RECD: 04/20/05-0644	REQ #: 00018013 SUBM DR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CBC		
WBC	5.6	4.8-10.8 K/mm ³
RBC	3.68	L 4.70-6.10 M/uL
HH		
HGB	11.4	# L 14.0-18.0 gm/L
HCT	35.3	L 42.0-52.0 %
MCV	96.1	H 80.0-94.0 fL
MCH	30.9	27-31 pg
MCHC	32.1	L 33-37 g/dL
RDW	14.9	H 11.5-14.5 %
PLATELET COUNT	73	L 130-400 K/mm ³
MPV	9.5	H 7.3-9.3 fl
ADIFF		
NEUTROPHILS	84.4	H 40-74 %
LYMPHOCYTES	9.5	L 19-48 %
MONOCYTE	3.9	3-9 %
EOSINOPHIL	0.5	0-7 %
BASOPHIL	0.0	0-2 %
LUC	1.6	0-4 %

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 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961		
Reg: 04/18/05	Disch: 04/27/05	Location: 4EAST 446A-1		
		Home Phone: (814)362-8900		
SPEC #: 0420:C00040R	COLL: 04/20/05-0615	STATUS: COMP		
	RECD: 04/20/05-0644	REQ #: 00018013		
		SUBM DR: Graham, Nathaniel MD		
Test	Result	Flag	Reference	Site
CHEM 12				
GLUCOSE	118		70-120 mg/dL	
BUN	36.0	H	8-20 mg/dL	
CREATININE	3.2	H	0.7-1.5 mg/dL	
BUN/CREAT RATIO	11.0			
SODIUM	133	L	135-147 mEq/L	
POTASSIUM	4.3		3.5-5.5 mEq/L	
CHLORIDE	99		98-108 mEq/L	
CARBON DIOXIDE	25.7		24-30 mEq/L	
ANION GAP	12.6			
CALCIUM	7.3	L	8.4-10.7 mg/dL	
TOTAL PROTEIN	6.0		6-8 gm/dL	
ALBUMIN	2.9	L	3-5 gm/dL	
BILI, TOTAL	0.9		0-1 mg/dL	
AST	120	H	10-42 U/L	
ALT	74	H	10-60 U/L	
ALK PHOSPHATASE	46		17-120 U/L	

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116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961	Location: 4EAST 446A-1	
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN	Home Phone: (814)362-8900	
SPEC #: 0421:H00002R		COLL: 04/21/05-0630	STATUS: COMP	
		RECD: 04/21/05-0701	REQ #: 00018463 SUBM DR: Graham, Nathaniel MD	
Test	Result	Flag	Reference	Site
CBC				
WBC	3.3	L	4.8-10.8 K/mm3	
RBC	3.33	L	4.70-6.10 M/uL	
HH				
HGB	10.3	# L	14.0-18.0 gm/L	
HCT	31.1	L	42.0-52.0 %	
MCV	93.2		80.0-94.0 fL	
MCH	30.9		27-31 pg	
MCHC	33.2		33-37 g/dL	
RDW	14.8	H	11.5-14.5 %	
PLATELET COUNT	62	L	130-400 K/mm3	
MPV	9.4	H	7.3-9.3 fL	
ADIFF				
NEUTROPHILS	82.5	H	40-74 %	
LYMPHOCYTES	11.8	L	19-48 %	
MONOCYTE	3.7		3-9 %	
EOSINOPHIL	0.1		0-7 %	
BASOPHIL	0.1		0-2 %	
LUC	1.8		0-4 %	
MANUAL DIFF				
NEUTROPHILS	83.0	H	40-74 %	
BAND	3.0		3-5 %	
LYMPHOCYTES	11.0	L	19-48 %	
MONOCYTE	3.0		3-9 %	

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Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN		
		Location: 4EAST 446A-1 Home Phone: (814)362-8900		
SPEC #: 0421:C00008R	COLL: 04/21/05-0630 RECD: 04/21/05-0701	STATUS: COMP SUBM DR: Graham, Nathaniel MD		
Test	Result	Flag	Reference	Site
CHEM 12				
GLUCOSE	107		70-120 mg/dL	
BUN	28.0	H	8-20 mg/dL	
CREATININE	2.2	H	0.7-1.5 mg/dL	
BUN/CREAT RATIO	12.0			
SODIUM	133	L	135-147 mEq/L	
POTASSIUM	4.1		3.5-5.5 mEq/L	
CHLORIDE	99		98-108 mEq/L	
CARBON DIOXIDE	24.6		24-30 mEq/L	
ANION GAP	13.5			
CALCIUM	7.6	L	8.4-10.7 mg/dL	
TOTAL PROTEIN	5.9	L	6-8 gm/dL	
ALBUMIN	2.7	L	3-5 gm/dL	
BILI, TOTAL	0.8		0-1 mg/dL	
AST	193	H	10-42 U/L	
ALT	83	H	10-60 U/L	
ALK PHOSPHATASE	42		17-120 U/L	

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 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0421:HP00001R	COLL: 04/21/05-0630	STATUS: COMP		
	RECD: 04/21/05-0701	SUBM DR: Graham, Nathaniel MD		
REQ #: 00018471				
Test	Result	Flag	Reference	Site
HCV	PRESUMPTIVE POSITIVE	H	NEGATIVE	
SPECIMEN NOT SENT FOR CONFIRMATION. PT KNOWN POS				
A repeatedly positive result indicates past or present hepatitis C virus (HCV) infection or possibly a carrier state, but does not substantiate infectivity or immunity. However, a patient with a repeatedly reactive result should be considered infectious.				
With the HCV antibody test, false positive results can occur. The absence of antibodies to hepatitis C virus does not rule out infection with HCV. Therefore, when the diagnosis of NANBH is strongly suspected, sequential repeat testing for Anti-HCV is recommended.				

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Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0422:H00007R	COLL: 04/22/05-0630	STATUS: COMP		
	RECD: 04/22/05-0702	REQ #: 00018897 SUBM DR: Graham, Nathaniel MD		
Test	Result	Flag	Reference	Site
<i>CBC</i>				
WBC	2.6	L	4.8-10.8 K/mm3	
RBC	3.18	L	4.70-6.10 M/uL	
HH				
HGB	9.6	# L	14.0-18.0 gm/L	
HCT	29.1	L	42.0-52.0 %	
MCV	91.6		80.0-94.0 fL	
MCH	30.2		27-31 pg	
MCHC	33.0		33-37 g/dL	
RDW	14.4		11.5-14.5 %	
PLATELET COUNT	56	L	130-400 K/mm3	
PLT REPEATED				
MPV	8.9		7.3-9.3 fL	
ADIFF				
NEUTROPHILS	80.6	H	40-74 %	
LYMPHOCYTES	13.2	L	19-48 %	
MONOCYTE	3.5		3-9 %	
EOSINOPHIL	0.1		0-7 %	
BASOPHIL	0.0		0-2 %	
LUC	2.5		0-4 %	
MANUAL DIFF				
NEUTROPHILS	80.0	H	40-74 %	
BAND	1.0	L	3-5 %	
LYMPHOCYTES	16.0	L	19-48 %	
MONOCYTE	3.0		3-9 %	
PLT ESTIMATE	NORMAL		NORMAL	

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0422:C00012R		COLL: 04/22/05-0630	STATUS: COMP	REQ #: 00018897
		RECD: 04/22/05-0702	SUBM DR: Graham, Nathaniel MD	
Test	Result	Flag	Reference	Site
CHEM 12				
GLUCOSE	100		70-120 mg/dL	
BUN	17.0		8-20 mg/dL	
CREATININE	1.6	H	0.7-1.5 mg/dL	
BUN/CREAT RATIO	10.0			
SODIUM	133	L	135-147 mEq/L	
POTASSIUM	4.1		3.5-5.5 mEq/L	
CHLORIDE	98		98-108 mEq/L	
CARBON DIOXIDE	23.4	L	24-30 mEq/L	
ANION GAP	15.7			
CALCIUM	7.7	L	8.4-10.7 mg/dL	
TOTAL PROTEIN	5.8	L	6-8 gm/dL	
ALBUMIN	2.5	L	3-5 gm/dL	
BILI, TOTAL	0.8		0-1 mg/dL	
AST	188	H	10-42 U/L	
ALT	94	H	10-60 U/L	
ALK PHOSPHATASE	58		17-120 U/L	

** END OF REPORT **

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900
<hr/>		
SPEC #: 0424:H00020R	COLL: 04/24/05-0615	STATUS: COMP
	RECD: 04/24/05-0650	REQ #: 00019516
RECD: 04/24/05-0650		SUBM DR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
CBC		
WBC	1.5	L 4.8-10.8 K/mm3
Test repeated.		
RBC	3.12	L 4.70-6.10 M/uL
HH		
HGB	9.4	L 14.0-18.0 gm/L
HCT	28.7	L 42.0-52.0 %
MCV	91.9	L 80.0-94.0 fL
MCH	30.0	L 27-31 pg
MCHC	32.7	L 33-37 g/dL
RDW	14.7	H 11.5-14.5 %
PLATELET COUNT	70	L 130-400 K/mm3
TEST		
MPV	10.1	H 7.3-9.3 fL
ADIFF		
NEUTROPHILS	69.0	40-74 %
LYMPHOCYTES	22.3	19-48 %
MONOCYTE	5.0	3-9 %
EOSINOPHIL	1.6	0-7 %
BASOPHIL	0.2	0-2 %
LUC	1.8	0-4 %
MANUAL DIFF		
NEUTROPHILS	61.0	40-74 %
BAND	2.0	L 3-5 %
LYMPHOCYTES	25.0	19-48 %
MONOCYTE	8.0	3-9 %
EOSINOPHIL	2.0	0-7 %
RETIC COUNT, AUT	0.3	L 0.5-1.5 %
LEFT SHIFT	1+	

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Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0424:C00021R		COLL: 04/24/05-0615	STATUS: COMP	REQ #: 00019516
		RECD: 04/24/05-0650	SUBM DR: Graham, Nathaniel MD	
Test	Result	Flag	Reference	Site
TIBC	177	L	260-445 ug/dL	
IRON	23	L	35-150 ug/dL	
IRON SATURATION	12	L	35-150	

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Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814) 362-8900
SPEC #: 0424:SC00001R	COLL: 04/24/05-0615	STATUS: COMP
	RECD: 04/24/05-0650	REQ #: 00019516 SUBM DR: Graham, Nathaniel MD
Test	Result	Flag Reference Site
VITAMIN B12 LEV	379	232-1138 pg/mL
FOLATE	5.0	3.0-17.5 ng/mL

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 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA		
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4 EAST 446A-1		
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900		
SPEC #: 0427:ST00006R		COLL: 04/27/05-1315	STATUS: COMP	REQ #: 00020837
		RECD: 04/27/05-1347	SUBM DR: Graham, Nathaniel MD	
COMMENTS: Specimen Comment: CDIFF TITER				
Test	Result	Flag	Reference	Site
CDIFF TOX A	NEGATIVE		NEGATIVE	
THE VIDAS C. DIFFICILE TOXIN A II ASSAY IS AN AUTOMATED ENZYME-LINKED IMMUNOASSAY FOR THE QUALITATIVE DETECTION OF CLOSTRIDIUM DIFFICILE SPECIMENS.				

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Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA			
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1			
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900			
SPECS:					
SPEC #:	0421:HP00008R	COLL: 04/21/05-0630	STATUS: CAN	REQ #:	00018471
		RECD: 04/21/05-0701	SUBM DR:	Graham, Nathaniel MD	
Test	Result	Flag	Reference	Site	
** CANCELLED **					
NOT RIGHT TEST					

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 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900
SPEC #: 05:M0002363S	COLL: 04/18/05-1605	STATUS: COMP
SOURCE: BLOOD	RECD: 04/18/05-1651	SUBM DR: Graham, Nathaniel MD
SPDESC: OTHER	ENTR: 04/18/05-1649	
COMMENTS: Has Specimen been collected? Y		
Procedure	Result	Verified
BLOOD CULTURE Final		04/23/05-0855
NO GROWTH		
PRELIMINARY REPORT: 12-24 HOURS		
FINAL REPORT: 5-6 DAYS		
BLOOD CULTURE Preliminary (changed)		04/19/05-1235
NO GROWTH		
PRELIMINARY REPORT: 12-24 HOURS		
FINAL REPORT: 5-6 DAYS		

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 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900
SPEC #: 05:M0002364S	COLL: 04/18/05-1610	STATUS: COMP REQ #: 00017370
	RECD: 04/18/05-1651	SUBM DR: Graham, Nathaniel MD
SOURCE: BLOOD	ENTR: 04/18/05-1649	
SPDESC: OTHER		
COMMENTS: Has Specimen been collected? Y		
Procedure	Result	Verified
BLOOD CULTURE Final		04/23/05-0855
NO GROWTH		
PRELIMINARY REPORT: 12-24 HOURS		
FINAL REPORT: 5-6 DAYS		
BLOOD CULTURE Preliminary (changed)		04/19/05-1235
NO GROWTH		
PRELIMINARY REPORT: 12-24 HOURS		
FINAL REPORT: 5-6 DAYS		

** END OF REPORT **

0003.0

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900

SPEC #: 05:M0002434R	COLL: 04/19/05-1446	STATUS: COMP	REQ #: 00017914
SOURCE: GALLBLAD	RECD: 04/19/05-1519	SUBM DR: Graham, Nathaniel MD	
SPDESC:	ENTR: 04/19/05-1520		
COMMENTS: GALL BLADDER WOUND CULTURE			

Procedure	Result	Verified	Site
GRAM STAIN Final			
SMEAR OBSERVATION 1	NO ORGANISMS SEEN	04/21/05-1134	
SMEAR OBSERVATION 2	NO CELLS SEEN		
WOUND CULTURE Final		04/21/05-1134	
NO GROWTH AEROBICALLY OR ANAEROBICALLY AFATER 48 HOURS INCUBATION.			

** END OF REPORT **

000371

SOCIAL SECURITY ADMINISTRATION

Date: May 12, 2004
Claim Number: 096-52-8139A
096-52-8139DI

DONALD L MOSHIER JR
139 SEARS ROAD
RICHFORD NY 13835-####

10929-052

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

ACCORDING TO OUR RECORDS MR MOSHIER WAS DISABLED AND RECEIVING SOCIAL SECURITY BENEFITS UNTIL INCARCERATION.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

5/11/09
M Bell
H. BEAM, MD
RCI MCKEAN

000372

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
 116 Interstate Parkway
 Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD	Age/Sex: 43/M	Attend Phy: GRAHNA	
Acct#: V04546554	Unit#: M000226525	DOB: 08/18/1961 Location: 4EAST 446A-1	
Reg: 04/18/05	Disch: 04/27/05	Status: DIS IN Home Phone: (814)362-8900	
SPEC #: 05:M0002803R COLL: 04/27/05-1315 STATUS: COMP REQ #: 00020838 SOURCE: STOOL RECD: 04/27/05-1347 SUBM DR: Graham, Nathaniel MD SPDESC: STOOL ENTR: 04/27/05-1317 COMMENTS: Has Specimen been collected? Y			
Procedure	Result	Verified	Site
STOOL CULTURE Final No growth		04/29/05-0915	
STOOL CULTURE Preliminary (changed) NO NORMAL FECAL FLORA AFTER 18-24 HOURS INCUBATION. This may indicate a severe flora imbalance from antimicrobial therapy. Final report to follow.		04/28/05-1208	

** END OF REPORT **

000373

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 607-773-2884. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
15 HENRY STREET
BINGHAMTON, NY 13901

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Michael Q. White/jaw
OFFICE MANAGER

000375

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE								
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)									
	S: If you are requesting refills, list the names of the medications below: Si esta pidiendo renovacion de medicamentos, edciba los nombres abajo:									
	What is your problem? Cual es su problema? <i>Pain in Stomach</i>									
	How long have you had the problem? Por cuento tiempo ha tenido el problema									
	What medication has worked well for this problem in the past? Cuales medicamentos han trabajado bien para su problema en el pasado?									
	If you have a problem which causes pain, fill in the section below. Sitiene problemas que envuelven dolor llene la seccion de abajo.									
	Where is the pain located? Donde esta localizado el dolor? <i>Stomach</i>									
	Were you ever injured where the pain is located? Tuvo usted al guna lesion donde esta el dolor? <i>Yes</i>									
	How long does the pain last? Cuanto tiempo dura el dolor? <i>it don't stop</i>									
	How intense is the pain? Cuan intenso es el dolor? <table style="margin-left: auto; margin-right: auto;"><tr><td>MILD</td><td>MODERATE</td><td>SEVERE</td></tr><tr><td>Minimo</td><td>Moderado</td><td>Severo</td></tr></table>				MILD	MODERATE	SEVERE	Minimo	Moderado	Severo
MILD	MODERATE	SEVERE								
Minimo	Moderado	Severo								
	What makes the pain worse? Que hace que el dolor aumente? <i>everyHing</i> <i>seen today</i>									
	What decreases the pain? Que hace que el dolor disminuya <i>nothing</i> <i>09/09/08</i>									
HOSPITAL OR MEDICAL FACILITY US PENITENTIARY LEWISBURG LEWISBURG, PA 17837		STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT						
		SSN/ID NO.	RELATIONSHIP TO SPONSOR							

000376

MOSKIER

[REDACTED] Donald

Last Name

Nombre Completo

First Name

10924-052

Inmate Registration Number/Numerico

I couldn't exchange the arms
because one of them is broken, and the
lens are to small for the frames,

can you please get me a bigger
pair that will fit me, I really need a pair.

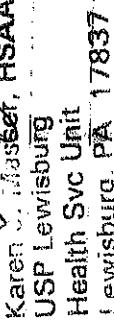
Thank you very much.

Donald L. Moeller Jr.

10/24-052

Your name has been added to the
eye clinic waiting list.


Karen J. Messer, HSAA


USP Lewisburg
Health Svc Unit
Lewisburg, PA 17837

000377

COP - OUT
TO: Stacey Dreesc Medical Records

From: Donald C Mastien SR Reg# 10924-052 SHU - 014

Request:

I Signed some Relieve Forms A couple of months ago for my medical Records from KANE Hospital AND Bradford Hospital. I Have already Received the Records from Bradford Hospital But I've not gotten nothing from KANE Hospital.

I really need the Records from KANE, can you please see what's the hold up, or please give me there address and I will mail them a Freedom of Information Act, because there my Records, I have a right to them.

THANK you, AND Please Respond.

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Kane Community Hospital
N Fralay Street Box 778
Kane Pa 16735

Please handle this request
yourself.

Kimberly Ely, HIT
Run Ely, HIT

000378

Copy-out

To: Stacey Dease, Medical Records

From: Donald C. Mosher Jr. Reg# 10924-052 SHU-018

Dear Miss. Stacey,

I want to thank you for getting my medical records from Bradford Hospital. However I still need the ones from Kane Hospital from 4/11/03 to 4/15/03 I do believe are the dates at any rate I was only at Kane Hospital one time in my life. And that was in April.

Also, Miss Stacey, I'd like to apologize for being so harsh in my last copy-out, I know that you can only do so much, and that ~~we~~ I did sign 4 release forms, 2 for Kane and 2 for Bradford, I now have Bradfords, can you please check somehow on the medical reports and all findings from Kane.

Again thank you, Please Respond

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Sincerely,
Donald C. Mosher Jr.

We have not received any records from Kane hospital after several requests. We **000379** cannot copy them if we don't have them.

COP - OUT

TO: Medical Records

Date 12/2/05

From: Donald L. Masterson Jr. Reg# 10924-052 SHU - 018

Request:

I've been waiting now for over a month now for my medical records from you, from Kane Hospital and Bradford Hospital, which you had me sign Release forms for, its very very important that I get these medical records my next step will be a B&B - 9 - 10 - 11, until I have to file in court, I need these records or I wouldn't be asking you for them so often so can you please get them to me within the next week.

Thank you, please respond

Donald L. Masterson

I'm received 33 cop of record see WFO form

Stacey Drees

Stacey Drees

000380

Algorithm for Treatment of Hepatitis C / Approval Form (January 2003)

I. Anti-HCV positiveDate: 9/4/03By Tx Since 1992(Inmates without risk factors should have test confirmed with 3rd generation EIA or RIBA)II. Last 3 ALT levels:Result: 115 /Date: 2/12/04 Result: 129 /Date: 5/12/04 Result: 130 /Date: 7/19/04III. Physician clearance:Date: 9/24/04

No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy)

*(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B core antibody])

IV. No contraindications to interferon or ribavirin (see guidelines)Except Borderline
Platelet countV. Projected Release Date: 2/28/12VI. Psychiatry or psychology clearance: Date: 9/22/04

*(include copy of consult report, including assessment of alcohol/drug use history)

VII. HCV RNA positive: Date: 7/24/04(7,270,000)VIII. Liver biopsy: Date: 8/24/04

*(include copy of biopsy report when submitting request for treatment)

Findings/Comments: Cirrhosis of liver micronodular pattern, activeIX. Liver ultrasound, if indicated: Date:Findings: Abd CT multiple areas of tiny of liver RxX. Prior anti-viral treatment (if any): Drug(s) NO Dates

At conclusion of prior treatment, what was ALT? _____ What was HCV RNA? _____

Previous treatment: relapser or nonresponder (circle one)

XI. HCV genotype: 1 or 2 or 3 or other (circle one)Ribavirin 600mg PO BidXII. Requested medication regimen: Peg Interferon alfa-2a 180mcg SC QWIC Bothx24wks
Signature of Clinical Director: Don Beam, MD10/26/07
DR. BEAM, MD
FCI MCLEAN

APPROVED _____

Medical Director _____ DATE _____

DISAPPROVED _____

Medical Director _____ DATE _____

Comments: _____

Inmate Name: MOSHTIER, DONALD

Fax this form, current lab reports, psychiatry/psychology report, and liver biopsy report to: (202) 305-0862

Reg. No.: 10924 - 052Institution: FCI MCLEAN

000382

CP-OUT

TO: MS. MASSER, Health Services

FROM: DONALD C. MASTHIER JR. Reg# 10924-052 SHU-018

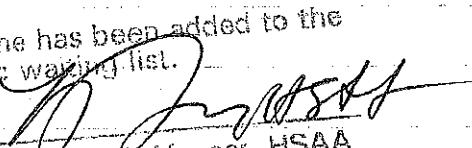
Request:

My eyes are getting very blurry
AND seem to be getting worse,

COULD YOU PLEASE GET ME AND EYE EXAMINATION
AND ALSO SOME READING CLASSES MAY HELP.
THANK YOU, PLEASE RESPOND

Sincerely,
Donald C. Masthier Jr.

Your name has been added to the
eye clinic waiting list.


Karen J. Masser, HSAA
USP Lewisburg
Health Svc Unit
Lewisburg, PA 17837

12/7/05

000383

BP-A807.060

SEP 03

INFORMATION ON VACCINATION (CONSENT/DECLINATION)
FOR INFLUENZA VACCINEU.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONSInfluenza Vaccine (Flu Shot) for 2005-2006 (Year)NOTE: CONSULT THE CENTERS FOR
DISEASE CONTROL FOR ANNUAL
UPDATES CONCERNING VACCINE
INFORMATION

Influenza is a serious disease caused by a virus that spreads from infected persons to the nose or throat of others. The "influenza season" in the U.S. is from November through April each year. Influenza can cause fever, sore throat, cough, headache, chills, and muscle aches. People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly. Influenza vaccine can prevent influenza. Influenza Vaccine Influenza viruses change often. Therefore, influenza vaccine is updated each year to make sure it is as effective as possible. Protection develops about 2 weeks after getting the vaccination and may last up to a year.

Persons who should receive the influenza vaccine:

Individuals in any of the following categories:

1. Chronic disorders of the cardiovascular or pulmonary systems,
2. Health individuals 65 years of age or older,
3. Adults with chronic metabolic diseases, including diabetes mellitus, renal dysfunction, anemia, or immunosuppression,
4. Anyone who has extensive contact with high risk individuals,
5. Pregnant women with a medical condition that increases the risk of complications from influenza (should be given after the first trimester),
6. Persons living in dormitories or in other crowded conditions, to prevent outbreaks,
7. Anyone who wants to reduce their chance of catching influenza.

Persons who should not receive the influenza vaccine:

1. Those who have allergic sensitivity to eggs, chicken feathers, chickens or chicken dander,
2. Those who have a hypersensitivity to any components of the vaccine,
3. Have a history of Guillain-Barre Syndrome (GBS),
4. Anyone with a current febrile illness.

When should I get influenza vaccine?

Because influenza activity can start as early as December, the best time to get influenza vaccine is during October and November. But getting the vaccine after November can still provide protection. A new vaccination is needed each year. Influenza vaccine can be given at the same time as other vaccines, including pneumococcal vaccine.

Can I get influenza even if I get the vaccine this year?

Yes. Influenza viruses change often, and they might not always be covered by the vaccine. But vaccinated people who do get influenza often have a milder case than those who did not get the injection. Also, many people call any illness with fever and cold symptoms "the flu." They may expect influenza vaccine to prevent these illnesses, but influenza vaccine is effective only against illness caused by influenza viruses, and not against other illnesses.

Name:	Mosher, Donald	
Register No.	10924-052	SSN:
Institution	USP Lewisburg	Lewisburg, PA
000334		

What are the risks from influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems. The viruses in the vaccine are killed, so you cannot get influenza from the vaccine. Mild problems include soreness, redness, swelling where the injection was given, fever, and body aches. If these problems occur, they usually begin soon after the vaccination and last 1-2 days. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the injection.

Donald Mosher, have read the above statement about the influenza vaccination. I have provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination.

FOR WOMEN

Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths among pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu.

Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage.

Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy.

Donald Mosher

Signature of the Recipient

JTB/DOyle

Signature of Witness

DECLINATION FOR VACCINE

I do not want to receive the influenza vaccination at this time.

Signature of the Patient

Date

Signature of Witness

(This form may be replicated via WP)

U.S. DEPARTMENT OF JUSTICE

Inmate Name Moshier, Donald	Register Number 10924-052	Date 10-18-05
	Date of Birth 8-18-61	Social Security Number 094528139

I hereby authorize and request the Federal Bureau of Prisons to:

release information to, or

obtain information from

Name/Facility: **Kane Community Hospital**

Address: **N. Praley Street Box 778**

City, State, Zip: **Kane PA 16735**

PLEASE CONTACT IF
PAYMENT IS REQUIRED
PRIOR TO FILLING
REQUEST

I understand the information is to be used for (specific reason for release of information):

Continuation of care, or

Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from **6-2002** to **6-2005**.
 This is to include: Complete Record Discharge Summary History & Physical
 Operative Reports Consultations Progress Notes X-ray Reports
 Laboratory Reports Pathology Reports Actual Films*# Actual Slides*
 Other: _____

*will be returned
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to rediscovery, its confidentiality and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the supervisor of Medical Records. I understand that any release which has been made prior to revocation and which was made in reliance upon this authorization shall not constitute a breach of the confidentiality. This authorization will automatically expire three months from the date of the signature.

Nature of Patient

Donald C Moshier Jr
SIGNATURE VALID ORIGINAL **10924-952**

Date (Month, Day, Year)

10-18-05

Staff Witness

Kim Ely, Ht

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.	
Must sign below, to Release Protected Information.	
<p>I specifically authorize the release of data and information relating to:</p> <p><input type="checkbox"/> 1. Substance Abuse <input type="checkbox"/> 2. Mental Health <input type="checkbox"/> 3. HIV</p>	
Signature	Date

Records To: (Institution Address & Fax number)
 USP LEWISBURG
 HEALTH SERVICES UNIT Po Box 1000
 LEWISBURG, PA 17837

may be replicated via WP

fax: 570-522-1764 000386

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>9/21/05</i>
FROM: <i>Donald C Moshier Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>UNICOR Weld 2</i>	UNIT: <i>A-Block - 113-u</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.).

I'm requesting my medical records of all the test results that was taken on me at Kane Hospital PA in April 2005, plus all the medical records that was taken at Bradford Hospital following my operation and prior to my culbittner operation. The doctors name that treated me in Kane was Dr Anderson, and the one at Bradford was Dr. Graham, it's very important that I get copies of these medical records. I'm also writing to FCI McKeeson for them, in case you don't have them.
Please respond.

THANK you very much.

CC:

(Do not write below this line)

DISPOSITION:

Any records from outside the institution
 Can be requested by you. Send your
 request to the hospital directly.

USP LEWISBURG
 Health Services Unit
 Lewisburg, PA 17837

Signature Staff Member *RE REQUEST*

Ron Ely, Hst

Date

9-27-05

Record Copy - File; Copy - Inmate
 (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
 and BP-S148.070 APR 94

000387

BP-S148.055
SEP 98INMATE REQUEST TO STAFF

CDFRM

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and title of staff member): <u>Medical Records</u>	Date: <u>9/12/05</u>
From: <u>Donald E. Moshier JR</u>	Registration number: <u>10924-052</u>
Work assignment: <u>UNICOR Weld 2</u>	Unit: <u>A-Block - 113-U</u>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm not sure if you was the ones that sent me the letters telling me my x-ray results were outside normal limits and one saying my lab test were found to be within normal limits. Well these show me and tell me nothing, I need and want a copy of the results of my lab test. From U.S. Medical Centers for Federal Prisoners, Laboratory, 1900 W. Sunshine Springfield, Missouri 65808, because I need to know my ALT, ALT, Gamma GT, AST, to see for myself and for my lawsuit that is in court now. So can you please send me a copy of my lab test, and the results of my x-ray.

(Continue on back if necessary)

(Do not write below this line)

Disposition: 9-19-05, received 1 copy blood work dated 9-1-05 and 1 copy of x-ray dated 9-1-05.

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Signature of staff member: <u>Kim Ely, HIT</u>	Date: <u>9-19-05</u>
---	-----------------------------

(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

000388

TO: (Name and Title of Staff Member)	DATE:
DH. Beam	5/25/05
FROM:	REGISTER NO.:
DONALD C MORTON SR	10924-052
WORK ASSIGNMENT:	UNIT:
N/A	AB → SHU

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I've sent you a cop-out already asking when I was going to have blood drawn to see where my HODG is, and when you plan on starting my treatment again, also about this bulge in my stomach, that I'm scared maybe cancerous I want test done. Please respond to that also. Please respond to this.

I want all of the medical records and test that was done at Hamot KANE, if you can't give me copies please give me the address so I can write and obtain these medical report and test that was done on my stomach & chest ext. By order of Doctor GARY ANDERSON,

(Do not write below this line)

DISPOSITION:

- 1) labs are ordered - patience!
- 2) I'll see you 5/27/05 @ pm for followup
RE: The Bulge - not cancer - Dr Graham would have seen it at surgery.
- 3) Send please a request to medical records for the records you desire -
- 4) wait 1 to 3 months before you restart treatment - I want to make sure you are healthy. Also if you are have a viral load showing no virus

Signature Staff Member

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

H. Beam, MD
FCI McKean
5/26/05
you may not need further
Treatment -

000389

Medical Request

To: DR. Beam

FCI MCKEAN HEALTH SVC.

From: ~~Donald~~ ^{PM 12:16} Mosthien DR, Reg# 10424-052

Date 5/19/05
A- 209

I need to talk to you about a couple of things, one is what's going on about my treatment, are you going to have some blood test done, to see where on what my liver is doing now, with the Hep.C.

Also this bulge that is growing in my stomach, it's still getting bigger, and it does hurt some now and then, with all the other things that has been going on with me, I want that bulge checked out to make sure its not a ~~cancer~~ tumor, can you please set this up, and let me know A.S.A.P

Thank you very much,
Please respond.

Sincerely
Donald Mosthien

C-C

- Hep C treatment is on hold for a while until you are totally back to normal
- I'll be by Friday pm to check out the bulge - if it can wait
- Blood work is ordered

DR Beam
5/24/05
H. Beam, MD
FCI McKean

Inmate Name <u>Donald mosher</u>	Register Number <u>10924-052</u>	Date <u>4/27/05</u>
	Date of Birth <u>8/18/61</u>	Social Security Number

I hereby authorize and request the Federal Bureau of Prisons to:

release information to, or

obtain information from

PLEASE CONTACT IF
PAYMENT IS REQUIRED
PRIOR TO FILLING
REQUEST

Name/Facility: BRADFORD REGIONAL MED CTR

Address: INTERSTATE PARKWAY

City, State, Zip: BRADFORD, PENNSYLVANIA

MEDICAL RECORDS - FAX 814 362 8633 16701

I understand the information is to be used for (specific reason for release of information):

Continuation of care, or Other _____

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from _____ to _____.

This is to include:

Complete Record
& Physical

Discharge Summary

History

Operative Reports

Consultations

Progress Notes

X-ray Reports

4/21/05

Laboratory Reports

Pathology Reports

Actual Films*

Actual Slides*

Other:

Hepatitis C viral load

*will be returned
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This authorization will automatically expire three months from the date of the signature.

Signature of Patient

Donald mosher
FAX SIGNATURE VALID ORIGINAL

Date (Month, Day, Year)

4/27/05

Staff Witness

W. Beam, MD

W. BEAM, MD
FCI MCKEAN

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.

Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

1. Substance Abuse 2. Mental Health 3. HIV

Signature _____ Date _____

FCI MCKEAN, P.O. BOX 5000, BRADFORD, PA 16701 Fax No.: (814) 363-6813

000391

Not drawn

Federal Correctional Institution
McKean County, Bradford, Pennsylvania

CONSENT TO RELEASE INFORMATION

Inmate: Moshier

Reg. No.: 10929-052

DONALD MOTHER

I hereby consent to the disclosure, by the medical staff of this institution and the Regional Health Services Administrator of this region, of medical information regarding my medical condition and treatment by medical staff of this institution, in accordance with the Privacy Act of 1974, to the following people, at their request:

NAME	RELATIONSHIP	PHONE NO.	ADDRESS
<u>B</u>	<u>Mother</u>		
<u>Dolores Moshier</u>		<u>(607) 657 4476</u>	
			<u>P.O. Box 157</u>
			<u>Richmond N.Y. 13835</u>

Signature of inmate: Donald L Moshier Jr

Date: 4/21/05

Signature of Staff Witness: NR Beaman MD 4/21/05

NOTIFICATION IN CASE OF SERIOUSLY/CRITICALLY ILL OR DEATH

NAME: Same as above RELATIONSHIP: Mother

ADDRESS: _____

PHONE: ()

Original to Medical Record

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Beam	DATE: 12/6/04
FROM: Donald L. Moshier, JR.	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Compound orderly pm.	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dr. Beam, I have a large lump or ball on my left side just under my ribcage. If you recall I mentioned this to you like 8 months ago or so. Back then it was very small no bigger then a marble. Well now its very large and it is very painfull. I want to know what it is. Is it my spleen, or a tumor. No I don't want to hear that its just some fatty tissue. I want it X-Rayed or somthing. I believe that I have enough problems already because F.C.I. McKean refused to treat me for Hepatitis C. until after I developed Cirrhosis of the liver. I'm very concerned about this lump in my stomach. Please respond to this Cop-out in writing.

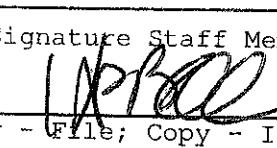
Thank You.
(Do not write below this line)

DISPOSITION:

1) We'll check that on your weekly appointment as we discussed today.

2) In my opinion, you had cirrhosis long before you entered Federal Custody.

Signature Staff Member



DR BEAM, MD
FCI MCKEAN

Date

12/7/04

000393

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

include soreness, redness, swelling where the injection was given, fever, and body aches. If these problems occur, they usually begin soon after the vaccination and last 1-2 days. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the injection.

CONSENT FOR VACCINATION

I, Donald L Mosbien Jr, have read the above statement about the influenza vaccination. I have been provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination.

FOR WOMEN

Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths among pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu.

Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage.

Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy.

Donald L Mosbien Jr 10/26/04 for 10/26/04
Signature of the Recipient Date Signature of Witness

Donald L Mosbien Jr 10/26/04

DECLINATION FOR VACCINE

I do not want to receive the influenza vaccination at this time.

Signature of Patient Date Signature of Witness

(This form may be replicated via WP)

BP-S806.060 CONSENT TO TREATMENT OF INTERFERON / RIBAVIRIN CDFRM
SEP 03

U. S. DEPARTMENT OF JUSTICE

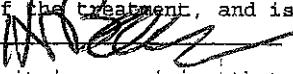
FEDERAL BUREAU OF INVESTIGATION

The physician should initial numbers 1 through 11 after discussing each with the inmate.

I, Donald Mosher, Reg. No. 10924-052, hereby authorize Dr. Beaumy or his/her relief (designee), to prescribe Interferon (Intron A®, PEG-Interon, Pegasys) and Ribavirin (Rebetol®, Copegus®) to me and to continue said medication as is recommended by BOP Clinical Practice Guidelines. I understand my medical condition and why this combination of medications is being recommended to treat my disease.

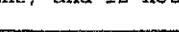
1. ✓ The combination of ribavirin capsules and interferon injections is indicated for the treatment of hepatitis C in certain patients. This treatment is associated with numerous adverse and potentially serious side effects*. Your doctor, along with pharmacy and laboratory, will carefully monitor you for side effects and your response to this therapy.
2. ✓ The most common side effects of this treatment are "flu-like" symptoms, such as headache, fatigue, muscle aches, and fever. These symptoms may decrease in severity as treatment continues. Taking acetaminophen (Tylenol®) prior to interferon administration may help alleviate some of these adverse effects.
3. ✓ Psychiatric problems, such as insomnia and depression, are also frequently associated with this therapy. If you feel you are getting irritable or easily upset, feel hopeless or bad about yourself, or experience any other uncommon psychological problems, you should immediately contact your physician.
4. ✓ Some patients will develop blood problems such as reduced red blood cells (anemia), or reduced white blood cells and platelets. Between 5%-10% of the patients taking ribavirin therapy develop anemia within 1 to 4 weeks of beginning treatment. You will receive a Complete Blood Count on a regular basis to determine if you are developing anemia. Your white blood cells and platelets will also be closely monitored. If these levels drop below acceptable levels you may need to discontinue the medication.
5. ✓ Your thyroid function will be closely monitored because a small percentage of patients (approximately 4%) will develop thyroid dysfunction that may be irreversible, even if treatment is discontinued.
6. ✓ Other common side effects include bruising, irritation, or itchiness at the injection site, nasal stuffiness, and reversible thinning of the hair.
7. ✓ Ribavirin can cause birth defects. Both women and men, particularly those awaiting release, must be counseled to use adequate birth control (2 forms of birth control) during treatment and 6 months after treatment is completed.
8. ✓ Abstain from illicit drug or alcohol use.
9. ✓ Ribavirin should not be taken if you have severe kidney dysfunction.
10. ✓ You should immediately speak to your doctor if you experience any side effects described above, or you experience trouble breathing, chest pain, severe stomach or lower back pain, bloody diarrhea or bloody bowel movements, high fever, bruising, bleeding, decreased vision, weight loss, rashes, or other symptoms that concern you.
11. ✓ To improve your comfort and the chances of successfully completing this course of treatment you should, get plenty of rest, exercise lightly but regularly, drink plenty of water or clear fluids every day, eat regularly, and take acetaminophen for fevers and "flu-like" symptoms.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, the risks and benefits of the treatment, and is competent to give consent.

Physician Signature 

H. F. McLean, MD

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and is not competent to give consent.

Physician Signature 

Other issues discussed:

48.055 INMATE REQUEST TO STAFF CDFRM

8

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. Beam</i>	DATE: <i>10/7/04</i>
FROM: <i>Donald C Moshier Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>PM Compound</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

On Beam, I would like a copy of the request that you sent to Washington Requesting treatment for Hep.C for me, also then reply that I'm sure has to have came back to you by now, if not please send me a copy soon as you get it, I would also like copies of the blood test that was done in Bradford Hospital including the last 6 months of blood test that have been done here, also can you please tell me if or when I will start treatment for my Hep C, because its only getting worse, "Please Respond"

THANK you
Donald C Moshier Jr

(Do not write below this line)

DISPOSITION:

*Treatment has been approved.
The details are in the note I sent yesterday.*

See attached (1 pg) (Labs)

Signature Staff Member


 M. Beam, M.D.

Date

10/8/04 000396
Record Copy - File; Copy - Inmate
(This form may be replicated via WP)
 M. Beam, M.D.
M. Mckean
This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:
(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Dorel Moshier
2. Reg. Number: 10924-052
3. Date: 10/7/09
4. Housing unit and Unit Team: AB TEAM: A B C D
(unidad y equipo de la unidad)
5. Complaint, What is your problem?
(Queja). (Cual es su problema?)

6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days _____ Months _____ Years _____
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No _____
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes _____ No _____

Good news -
Treatment is
approved. I need
to be here when
you start S. I. If
be off next week
so I'll see you
10/21 @ 0930 7885
Consent form set

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date seen: 10/8/09 1st shot per week
11. Time seen: 10/25/09 -
12. Subjective: I'll see you weekly
x 5 wks then
13. Objective: Temp: _____ Pulse: _____ Respirations: _____ W/BP monthly of 60
14. Appointment Date: _____ Appointment Time: _____ That This should
15. Triage Personnel's Signature: _____ go well
H. BEAM, MD
FCI MCKEAN

000397

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. BEAM</i>	DATE: <i>9/6/04</i>
FROM: <i>DONALD L MASHIER JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>PM compound orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I ReQuest To Have Complete Lab Reports ON THE LIVER Biopsy
THat I Had Taken On 8/24/04 at Bradford Hospital, Also All The
Blood Test AND CATSCAN X RAYS I've Also Had Some Blood Work
Done Here About A Week Ago I would also like tTHEm Results
I would also like to know when I'll Be Getting Treated for
my Hep C. Please Respond,

THANK you
Donald L Mashier Jr

(Do not write below this line)

DISPOSITION:

- 1) I'll refer this request
TO medical records
- 2) I'll have you on clinic
0930 — *9/8/04 To DR. BEAM*

Signature Staff Member

Date

9/7/04 000398Record Copy - File Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Beam</i>	DATE: <i>8/5/04</i>
FROM: <i>Donald C. Mostien Jr.</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>med, unassigned</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

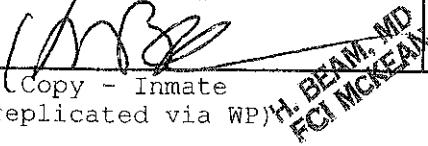
First off I am out of ALBUTEROL, INH, which I really need.
(2.) I've been having severe back pain which has been shooting down my left leg. TYLENOL or motrin don't do a thing for the pain.
(3.) My lower legs have been really turning brown with spots. Now I've never even had this out on the streets, if I would have I would of gone to a skin specialist so can you please find out why my legs are doing this, they're DRY itchy, and full of brown spots. "Please respond!"

(Do not write below this line)

DISPOSITION:

- 1) - I'll refill your Albuterol
- 2) - you have a sick call soon for the back/leg problem
- 3) I'll look at the spot on your leg at chronic care clinic

Signature Staff Member



DR. BEAM, MD
FCI MCKEAN

Date

8/5/04

000399

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

Date: 7/15/04

Unit: AT

To: Donald Mosher

Reg. #: 10924-052

Your case has been reviewed by our Utilization Review Committee and the decision was:

approval for liver biopsy



*H. BEAM, MD
FCI MCKEAN*

FCI McKean
Inmate Sick Call Sign-Up Sheet
 (Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:
 (Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald Moshier
2. Reg. Number: 10924-052
3. Date: 4/21/04
4. Housing unit and Unit Team: AB TEAM: A B C D
5. Complaint, What is your problem?
 (Queja). (Cual es su problema?)
6. How long have you had this problem?
 (Durante cuante tiempo ha tenido este problema?)
 Days _____ Months _____ Years _____
 (Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No _____
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
 (Ha comprado medicinas non-prescripcion en la Comisaria?)
 Yes _____ No _____
9. Signature _____
 (Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date seen: You will see your appointment this
11. Time seen: AM. I'll reschedule you
12. Subjective: for 5/19/09 @ 0930 AM
as soon as later in the
morning
13. Objective: Temp: _____ Pulse: _____ Respirations: _____ B/P: _____
14. Appointment Date: _____ Appointment Time: _____
15. Triage Personnel's Signature: AB

H. BEAM, MD
FCI MCKEAN

000401

P-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>4/6/04</i>
FROM: <i>DONALD C Moshier JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>Med CNAISNED</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

First off I need to know when I'll Be seeing you this month
Also when will I have another ALT and OR a viral load test done.
Also my medical (NAISNED) pass Run out. Now I need one today
4/6/04, I'm not working, my back and hip bother me so much
that I'm in pain constantly also I'm right now waiting for my
Disability papers from SS office, and my lawyer plus I've
been having a lot of pain in my right side, and my piss
is the color of Red tea, also my medication is Run out
no more Refills, Tetracycline HCl 500 mg, and Ranitidine 150 mg
They both run out on the 18th of this month
"Please Response" THANK you

(Do not write below this line)

DISPOSITION:

Appointment 4/21/04
OFF WORK SLIP - Done

Signature Staff Member


 DR. BEAM, MD
 FCI MCKEAN

Date

*4/6/04**000402*

Record Copy - File; Copy - Inmate
 (This form may be replicated via WPS)

This form replaces BP-148.070 dated Oct 86
 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dil Beam	02/11/04
FROM:	REGISTER NO.:
Donald C Moshier Jr	10924-052
WORK ASSIGNMENT:	UNIT:
med cm	AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

When will I be getting a viral load and a liver biopsy done, I know that you told me a couple of times that I would be getting it done but so far nothing, now I was just there today and had blood drawn for a liver function but I've had that done once already, will you please let me know?

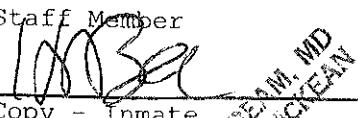
Please respond. THANK you.

(Do not write below this line)

DISPOSITION:

If your "ALT" liver function test remains high over a period of time, then we proceed to viral load etc and liver biopsy. Patience.

Signature Staff Member


 M. MCKEAN

 M. M. MCKEAN

 M. M. MCKEAN

Date

2/13/04

000403

Record Copy - File; Copy - Inmate
(This form may be replicated via  WPS)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>02/11/04</i>
FROM: <i>Donald C Moshiem Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>Med Clll</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

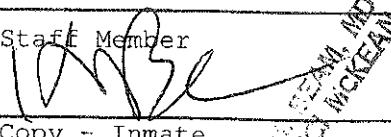
I would like to know if you could help me get a pair of boots that have tread on them because the one's I have don't have any and I滑ed and hurt my back again, plus the boots I do have hurt my feet bad, could you please help me, I know that they have some new boots over in laundry that have really good tread and a good arch in them, I wear a size 12 again please respond, and thank you,

(Do not write below this line)

DISPOSITION:

*I have no control over which type of boot laundry hands out
If your feet need to be looked at: make a sickcall ARI*

Signature Staff Member


 A handwritten signature in black ink, appearing to read "WJL".

Date

A circular stamp with the text "FEDERAL BUREAU OF INVESTIGATION" around the perimeter and "APR 94" in the center.

*2/13/04**000404*

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 1/5/04
FROM: Donald C Moshier Jr	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Medical Unassigned	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Now that you sent me a paper saying that I can and will be vaccinated against Hep A over two weeks ago, I'm wondering now if and when I'm going to receive this, or is it just another delay tactic or brush off or so that your records look good even though nothing is really being done, or can you please give me a time and date when I'll receive the Hep A vaccination, also I would like to know when I'll be able to come and talk to you, because I'm really feeling poorly, this is not no joke to me, this is my life I'm talking about, and I still have 9 years left to do in prison before I can seek real medical help, why I say that is because I still don't feel like I'm getting any in McKeon prison please respond to this A.S.A.P THANK you.

(Do not write below this line)

DISPOSITION:

- We talked at mainline today
- You will receive the Hep A vaccine as soon as it arrives through the pharmacy
- Your next chronic care visit should be 1/23/03
at 12⁰⁰

Signature Staff Member

DR Beam

Date

1/6/04**000405**Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FCI McKean
Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald mosher
(Nombre)
2. Reg. Number: 10924-052
(Numero de Registro)
3. Date: 12/22/03
(Fecha)
4. Housing unit and Unit Team: AB TEAM: A B C D
(unidad y equipo de la unidad)
5. Complaint, What is your problem?
(Queja). (Cual es su problema?)
6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days _____ Months _____ Years _____
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No _____
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes _____ No _____
9. Signature _____
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL

10. Date seen: We are ordering The hepatitis A
11. Time seen: Vaccine and you will receive
12. Subjective: The Senvi soon
13. Objective: Temp: _____ Pulse: _____ Respirations: _____ B/P: _____
14. Appointment Date: _____ Appointment Time: _____
15. Triage Personnel's Signature: _____

H. BEAM, MD
FCI MCKEAN

000406

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>Donald L Moshier Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>None</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm Requesting To Be Vaccinated For Hep A, you have already did the blood work to see if I've been vaccinated for Hep A, and I have not I do have Hep C, so I do need to be vaccinated for Hep A, ASAP

Please Response

(Do not write below this line)

DISPOSITION:

I will present your request to
The utilization review committee

000407

Signature Staff Member

Date

*12/10/03*Record Copy - File; Copy - Inmate
(This form may be replicated via *WICKERAN*)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>Donald L Moshier Jr</i>	REGISTER NO.: <i>10924 -052</i>
WORK ASSIGNMENT: <i>None</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would still like to know when I'm going to have a liver biopsy done, so I can be treated for Hep C. I feel that I'm just being stalled and being told that, don't worry you'll be treated, but still nothing is being done whatsoever, will you please let me know why nothing is being done and why I'm being stalled and why I have not had a liver biopsy done yet,

Please Respon

(Do not write below this line)

DISPOSITION: Bureau Hep C guidelines suggest monitoring the ALT & if it remains high, move to a liver biopsy. That is the stage you are at.

Signature Staff Member

*W. Beam*N. BEAM, M.D.
FCI MCKEEAN

Date

12/10/03

000408

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQU. R TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 11/18/03
FROM: Donald L Moshier Jr	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Medical Unassigned	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I know that you told me that I would receive treatment for my Hep C. How ever I want to know when do you plan on getting a liver Biopsy done and a viral load HCV-RNA PCR, to determine what my level of the virus is, also a GENO type, is it going to be in a week, month, 6 months year or longer, please give me some dates because I feel that the longer I'm put on hold the worse I'll get and then won't be treatable, and I have the feeling this is what is happening.

Please Response.

(Copys 1 and 2 of 3)

(Do not write below this line)

DISPOSITION:

I hit a snag getting your viral load done, we'll check LFT's for now. You will not miss the window of opportunity for treatment if you end up needing it. If you need it, it will happen.

Signature Staff Member

H. BEAM, MD
FCI MCKEEAN

Date

11/18/03

000409

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

MOSHIER, Donald
Reg. No. 10924-052
MCK 314442-F2

PART B - RESPONSE

This is in response to your Request for Administrative Remedy received in my office on October 27, 2003, in which you claim deliberate indifference, and delay in proper medical treatment. Specifically, you request immediate treatment for hepatitis C.

An investigation of your complaint reveals you requested testing for hepatitis C, September 3, 2003, while at sick call. You reported a history of intravenous drug use and unprotected sex and the study was ordered. Your test returned positive for hepatitis C, September 16, 2003. You were placed on chronic care clinic and was evaluated by the medical officer on October 16, 2003. Additional blood work was ordered during that visit. Once all lab work is complete, you will be treated following the guidelines for hepatitis C treatment set forth by the medical director of the Bureau of Prisons. There is no evidence of deliberate indifference or improper care.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

11-14-03
Date


John J. LaManna, Warden

100410

000410

Federal Bureau of Prisons

WARDEN'S OFFICE

WARDEN

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Moshier Jr Donald Leroy 03 OCT 03 2004 3:28
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. 03 27 PM 5. UNIT 4 INSTITUTION

Part A- INMATE REQUEST

I Reiterate AND Incorporate By Reference each and every Allegation Heretofore made as set forth in my BP-8 Further more making it Clearly obvious I Have Complained That I'm in PAIN THAT effects my daily FUNCTIONS, Flu like Symptoms muscle and joint pain Fatigue pain under my Right Rib ND URINE THAT HAS BEEN AS DARK AS COFFEE, Rather Then Call me down for a compleat. To determine what's wrong - I'm put off for 2 weeks - if I had a cold I'd Be Seen in 1 week something serious like this and I'm delayed. This is Deliberate Indifference to A serious medical Need A Violation of my 8TH AND 14TH Amendment guaranteed By the Constitution. I Request to experience NO more delays - To Have A Liver Biopsy done a Liver profile and to be vaccinated for Hepatitis A

10/8/03

DATE

Donald C Moshier Jr

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 314442

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

000411

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Before filing a BP-9 ("Request for Administrative Remedy"), you MUST attempt to informally resolve your complaint through your Correctional Counselor. Briefly state your complaint in "1" below and in "2" list what efforts you have made to informally resolve the complaint (state names of staff contacted).

This Informal Resolution Form was issued by MORELLO, Correctional Counselor, on TO:

INMATE: Donald L Mosher Jr REG. NO. 10924-052 QUARTERS: A/B

1. COMPLAINT: Since I've been here at FCI McKean, I have been complaining to medical that I have Hepatitis C. It's been more than a year now and finally they've given me a blood test that confirms what I've been telling them, medical at FCI McKean has failed to follow - cont. next pg.

2. EFFORTS MADE TO INFORMALLY RESOLVE & STAFF CONTACTED: TALKED TO NUMEROUS PA'S about my Hepatitis C, and need to be monitored AND treated.

Donald L Mosher Jr
INMATE'S SIGNATURE

10924-052
REG. NO.

DO NOT WRITE BELOW THIS LINE

CORRECTIONAL COUNSELOR'S COMMENTS

DATE RECEIVED FROM INMATE: 10-2-03

EFFORTS MADE TO INFORMALLY RESOLVE & NAMES OF STAFF CONTACTED: DR. BEAM WAS CONTACTED AND CONFIRMED THAT YOU HAVE HEPATITIS C. YOU HAVE BEEN SCHEDULED TO BE EXAMINED ON 10/16/03 @ 1230. YOU ARE TO BE REASSURED THAT IF YOU DO, IN FACT, NEED TREATMENT, YOU WILL RECEIVE IT.

DATE () INFORMALLY RESOLVED or () BP-9 ISSUED (check one): _____

D. Morello 10-03-03
COUNSELOR'S SIGNATURE

DISTRIBUTION: A. IF INFORMALLY RESOLVED: Forward original to Warden (Attention: Warden's Secretary)
B. IF BP-9 ISSUED: Forward original (attached to BP-9) to Warden (Attention: Warden's Secretary).

CODE MUST BE SUPPLIED BY DEPARTMENT HEAD OR DESIGNEE BEFORE GIVING TO WARDEN'S SECRETARY

CODE: _____

000412

continued from page (1) the Bop's policy by placing me on chronic care AND by monitoring my blood periodically to this date they still haven't given me a liver profile test to see what my ALT levels are. They purposely delaying/avoiding working up lab tests so they don't have to treat me. Allowing my disease to progress, I am in pain that effects my daily functions. Constantly feel like I have the flu muscle and joint pain, fatigue, and pain under my right rib - sometime my urine is as dark as coffee. There's an FDA approved treatment for this disease - this disease can be fatal yet the Bop at FCI McKean are doing nothing for me. I am in fear of my life because they are taking no interest what so ever, and are not offering me this treatment - also I have requested to be vaccinated against hepatitis A - but am being denied.

Request - treatment to begin with out anymore delays - to have a liver biopsy to see what stage of the disease I've progressed to and to see if I qualify for treatment and to be vaccinated for hepatitis A.

Donald LeRoy Moshier Jr.
Reg# 10924-052
Donald LeRoy Moshier Jr.



FEDERAL BUREAU OF PRISONS
m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: November 5, 2003

REPLY TO
ATTN. OF: *Rose*
Rosemary Dean, Warden's Secretary

SUBJECT: Administrative Remedy (BP-9)
MCK 314442-F2

TO: Rodney Smith, HSA

Please investigate the attached Request for Administrative Remedy (BP-9) filed by inmate **MOSHIER, Donald**, Reg. No. 10944-052. Route your response through your associate warden and the camp administrator/legal liaison. Your response is due in the warden's office no later than November 12, 2003.

000414

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
DR Beam	10/29/03
FROM:	REGISTER NO.:
Donald L. Moshiem Jr	10924-052
WORK ASSIGNMENT:	UNIT:
NONE	A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DO TO my Hep C, AND THE WAY I've Been Feeling SICK AND Fatig, I'm ASKING you TO Give me a Medical Relice From Having to Have A Job, I Have A very Bad Back also maybe in A year or so I'll Be able TO work some when once I'm Receiving Treatment, Now even I was a orderly extra for A/B unit, But Mr. Morello Has decided to make a New Rule of His own, as to when no one can Be a orderly if they come out of the Box, Now if you will NOT Give me this medical lieve, I Guess I'll Have TO Go to the Box until I'm Better, SO will you please Help me, Please Respond ASAP THank you very much

(Do not write below this line)

DISPOSITION:

I'll put you on hold until your next chronic care clinic & we can go from there - when can you go back to being an orderly?

Signature Staff Member

DR Beam

Date

10/31/03

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)H. BEAM, MD
FCI MCNEALThis form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

000415

